

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213540310						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Republic Services, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1486804</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>750,000,000</td> </tr> <tr> <td>PREFER</td> <td>50,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	750,000,000	PREFER	50,000,000
CLASS	AUTHORIZED							
COMMON	750,000,000							
PREFER	50,000,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 18500 NORTH ALLIED WAY</p> <p style="margin-left: 40px;">CITY/ST/ZIP: PHOENIX, AZ 85054</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: James W Crownover TITLE: CHAIRMAN ADDRESS: Two Houston Center 909 Fannin, Suite #3675 CITY/ST/ZIP/CO: Houston, TX 77010 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: James W Crownover TITLE: CHAIRMAN ADDRESS: Two Houston Center 909 Fannin, Suite #3675 CITY/ST/ZIP/CO: Houston, TX 77010	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME:	Donald W. Slager	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President/ CEO		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Allan C. Sorensen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o Republic Services, Inc.		
CITY/ST/ZIP/CO:	18500 North Allied Way Phoenix, AZ 85054		
NAME:	John M. Trani	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o John M. Trani, LLC		
CITY/ST/ZIP/CO:	30 Stanford Drive Farmington, CT 06032		
NAME:	Michael W. Wickham	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	c/o Republic Services, Inc.		
CITY/ST/ZIP/CO:	18500 North Allied Way Phoenix, AZ 85054		
NAME:	Glenn A Culpepper	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Michael P. Rissman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/Sec./GC		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Jerry S Clark	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/Controller		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Edward A. Lang, III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/Treasurer		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Tim M. Benter	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Asst. Sec.		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	W. T. Eggleston, Jr.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Asst. Sec.		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		
NAME:	Brian A Goebel	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CAO		
ADDRESS:	18500 North Allied Way		
CITY/ST/ZIP/CO:	Phoenix, AZ 85054		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew J Sweet VP/Asst. Sec. 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian M DelGhiaccio VICE PRESIDENT 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lawrence Focazio VP, Tax 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eileen B Schuler ASST SECRETARY 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marsha A. Lacy ASST TREASURER 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian A. Bales EVP 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Boucher EVP, Operations 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Catharine D. Ellings SVP 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William G. Halnon SVP, CIO 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffrey A. Hughes EVP 18500 North Allied Way Phoenix, AZ 85054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Eileen B Schuler	Eileen B Schuler,	8/28/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			